Interim Designation of Agent to Receive Notification of Claimed Infringement

Alternative Name(s) of Service Provider (including all names under which the servi			
Address of Service I	Provider: 10 T.W. A	Alexander Dr. , RTP, NO	27769
Name of Agent Des		16 - 27 TF	
Notification of Clair	med Infringement:_	Kim Stahl	
	ot acceptable except when	thich Notification Should be Stee it is the only address that can be used	
Telephone Number	of Designated Ager	nt: 919-549-7000	
Facsimile Number o	of Designated Agent	t: 919-549-7207	
Email Address of D	esignated Agent:	Imca-agent Cunctv.	org
Signature of Officer	or Representative of	the Designating Service Provi	der:
orginature or Officer		Date: 10/8/2003	

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.



